

## Change of Ownership Information

*This form is to be completed and returned to the Medicaid Agency as specified below*

Currently enrolled providers who will experience a change in ownership or a change in tax number of a facility must complete the information below:

Effective or Anticipated date of change \_\_\_\_\_

Reason for change ☐ Change in Lease ☐ Merger ☐ Termination

### Previous Owner's Information

Organization name \_\_\_\_\_

Alabama Medicaid Provider number, if applicable \_\_\_\_\_

NPI number \_\_\_\_\_

Tax ID number \_\_\_\_\_

Contact \_\_\_\_\_

Telephone number for contact \_\_\_\_\_

### New Owner's Information

Organization name \_\_\_\_\_

NPI number \_\_\_\_\_

Tax ID number \_\_\_\_\_

## Contact

Telephone number for contact \_\_\_\_\_

**A copy of the sales agreement signed by all parties is required.**

Name of Authorized Representative (typed or printed legibly)	Title
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Signature	Date
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## Reporting Change of Ownership Information

Medicaid requires the owner of a Medicaid-enrolled facility to report any change of ownership to Medicaid 30 business days prior to making such change. A change of ownership requires that all parties involved shall collaborate to ensure that services are billed and paid to the correct owner using the correct provider number.

Effective January 1, 2009, currently enrolled providers will be required to complete the Change of Ownership Information form and mail to the System Support Unit, Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36104. This information will be used in determining how the change in ownership will be processed. If necessary, Medicaid will instruct EDS to close the provider's file.